

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10/19/05</u>		2 Serial/Patent # <u>10/534677</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$50.00							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/c #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>3</td><td>--</td><td>2</td><td>0</td><td>9</td><td>5</td> </tr> </table>			0	3	--	2	0	9	5
0	3	--	2	0	9	5					
10 REASON:											
<input checked="" type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____									
SIGNATURE: <u>BXC</u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>											
<small>Repln. Ref: 10/19/2005 BCAMPBEL 0011595500 Name/Number: 10534677 FC: 9204 \$50.00 CR</small>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: